



# Vermont Immunization Requirements

Guidance for Child Care Providers

September 2011



## Introduction

The Vermont Department of Health Immunization Program is pleased to provide you with the Vermont Immunization Requirements — Guidance for Child Care Providers manual. Vermont law requires that all licensed and registered child care providers collect immunization records and submit to the Health Department a summary report showing the vaccination status of the children in your care.

This manual is designed to guide you through the process of collecting and reporting immunization information for children enrolled in your program. The manual is organized to help make this process as straightforward and simple as possible. It begins with a step-by-step guide to record keeping including all forms; and instructions on how to submit the annual report. We provided supplemental information that will help you work with the parents of children in your care including: specific vaccine information, the standard schedule for children ages 5 and under, tools to help you communicate with parents, and copies of all the forms that you will need.

The Vermont Department of Health recognizes that children's immunization schedules are complicated, and we thank you for helping to ensure that Vermont's children are adequately protected from potentially harmful infectious diseases.

Information is also available online at the Health Department's website: **healthvermont.gov**. Click on the A-Z listing and find Immunizations.

You can reach the Immunization Program staff at **1-800-640-4374**.

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## Steps in Brief

### How to Implement Immunization Requirements

#### Child Care providers must:

1. Obtain the child's personal immunization record.
2. To better organize a child's records, we encourage you to complete the Vermont Child Care Immunization Record (pg. 4) form.

**Note:** All forms are in the back of this manual

3. Check to be sure that the child's recorded immunizations match those listed on the Required Immunization Schedule for Entry into Child Care (pg. 5).
4. When a parent requests an exemption, they must complete the Child Care Immunization Exemption Form (pg. 6) and file it with you in place of the immunization record.
5. List all children who are missing immunization(s) or have a signed exemption on the Provisional and Exempt Children Spreadsheet (pg. 8). Record the child's name, date of birth and check each vaccine the child has not received. This form is available as an Excel file or word document. It will provide the information you need to complete the annual report.  
[healthvermont.gov/hc/imm/documents/ProvisionalExemptLineList.xls](http://healthvermont.gov/hc/imm/documents/ProvisionalExemptLineList.xls)
6. When children have not received all the required immunizations for their age, you will need to provide the parent with a Child Care Notice of Incomplete Immunizations (pg. 9), the missing vaccine(s) and the number of the dose needed to meet immunization requirements. Parents can share this with the health care provider when they schedule an appointment.
7. Refer any children who are not fully immunized to their primary care provider. If they do not have a primary care provider, refer to the local district health office of the Vermont Department of Health.
8. Only admit children when they: (a) have met all the immunization requirements; or (b) will receive required vaccinations in the next 60 days; or (c) have a signed exemption on file.
9. If a child does not receive required vaccines within 60 days, provide the parent with the Child Care Exclusion Notice for Incomplete Immunizations (pg. 11) to inform the parent the date by which the child must receive the required vaccines or face exclusion. You may verbally remind the parent that their child needs a required vaccine prior to giving a parent this form.

## **The Basic Procedures**

### **1. Obtain the child's personal immunization record**

Vermont law requires all parents with children entering a child care program to present an immunization record. The immunization record is usually given to parents by a child's health care provider. In order to be accepted by a child care facility, the Immunization Record must list the **name of the individual immunization** and the **complete date (mm/dd/yyyy)** that the immunization was administered. Incomplete records cannot be accepted by any child care provider in the state.


### **Which immunization records are acceptable for child care facilities?**

- A record from the Vermont or another state's Immunization Registry.
- A medical office record signed by a health care provider.
- A record from any public health department.
- A laboratory report of a titer indicating evidence of immunity to each disease for which immunization is required.



## 2. Complete the Vermont Child Care Immunization Record form (optional).

We created this form to help you organize immunization records for all of the children in your care. It is a simple checklist that will be helpful to use when you are filling out other forms, but it is not required. You can place a checkmark in the boxes and attach an official record.



### Child Care Immunization Record

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Enrollment: \_\_\_\_\_

**Immunizations:** enter date given or attach copy of shot record and place a check mark (✓) in the box for doses given.

Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Exemptions ✓ to specify type ✓ when exemption form is completed
Hep B					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
DTaP					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Hib					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
PCV					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Polio					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
MMR					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Varicella or Date of Disease					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed

Age When Enrolling:	Immunizations (shots) Required:
2 – 3 months	1 each of DTaP, Hep B, polio, Hib, PCV
4 – 5 months	2 each of DTaP, Hep B, polio, Hib, PCV
6 – 14 months	3 each of DTaP, Hep B, polio, Hib, PCV
15 – 17 months	3 each of DTaP, Hep B, polio 1 each of MMR, varicella 1-4 doses of Hib and PCV
18 months – 4 years	3 Polio, 3 Hep B, 4 DTaP 1 MMR, varicella 1-4 doses of Hib and PCV

**Information About Shots:**

**DTaP** = Diphtheria, Tetanus, and Pertussis

**Hep B** = Hepatitis B vaccine, also written as HBV

**Polio** = Inactivated Poliovirus

**Hib** = Haemophilus Influenzae type B

**PCV** = Pneumococcal

**MMR** = Measles, Mumps, Rubella

**Varicella** = Chickenpox

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### 3. Check to be sure that the child's recorded immunizations match those listed on the Required Immunization Schedule for Entry into Child Care.

The Centers for Disease Control and Prevention (CDC) publishes a vaccination schedule for all children beginning at birth. This schedule provides the best protection from vaccine-preventable diseases. Use this as a guide and check to be sure that the child's immunization record matches the required schedule for each vaccine.

You will determine the age of the child upon enrollment and find the corresponding line in the Table to see the number of doses and type of vaccines required for that age. Count the number of doses on the immunization record to make sure the child has had the required number of doses and vaccines. Haemophilus influenza type b (Hib) and pneumococcal (PCV) vaccines are special cases. If a child started late with those vaccines s/he may need fewer doses. If a child has been infected with Varicella (chicken pox), then he/she does not need to be vaccinated. In these cases, ask the parent to sign the Documentation of Varicella Disease for Child Care form and keep it on file.

The Immunization Registry is another way to collect immunization records and assess compliance with the requirements. You must have the parent's permission to search for their child's immunization record in the Registry. If the child's immunization record is in the Immunization Registry it will provide a YES or NO compliance response for each vaccine requirement and you can print a copy. You will need to contact the Registry to receive a user name and password to access this database. (see page 17)

#### Which immunizations are required for entry into child care?

Age when enrolling:	Immunizations required:
<b>2 – 3 months</b>	1 each of DTaP, Hep B, Polio, Hib, PCV
<b>4 – 5 months</b>	2 each of DTaP, Hep B, Polio, Hib, PCV
<b>6 – 14 months</b>	3 each of DTaP, Hep B, Polio, Hib, PCV
<b>15 – 17 months</b>	3 each of DTaP, Hep B, Polio 1 each MMR, Varicella 1–4 doses each of Hib and PCV
<b>18 months – 4 years</b>	3 polio, 3 Hep B, 4 DTaP 1 each of MMR, Varicella 1–4 doses each of Hib and PCV

DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • polio • Hib: haemophilus influenzae • Varicella: chickenpox • MMR: measles, mumps, rubella • PCV: pneumococcal

\* Hepatitis A, rotavirus, and influenza vaccines are also strongly recommended, but not required.


Some parents choose to follow a delayed or alternative schedule. This is strongly discouraged because it is not safe — it puts children (and people around them) at unnecessary risk of disease. The primary reason parents choose an alternate schedule is the false belief that too many vaccines overwhelm the immune system and may lead to chronic health problems.

**4. If a parent wants to request an exemption, they must complete the Child Care Immunization Exemption Form and file it in place of the immunization record.**

In Vermont, parents can request an exemption from vaccinating their children for three reasons – medical, religious and philosophical.

Medical exemption -- some children cannot be vaccinated because of a medical condition such as an immune disease. In this case, a parent can request a medical exemption form, have their health care provider sign it, and file it with you in place of an immunization record.

Religious and philosophical exemptions – parents who choose to forego immunizations for religious or philosophical reasons may file an exemption form with you in place of their child's immunization record. Parents should be aware that children with exemptions may not be allowed to attend child care during a disease outbreak.

CHILD CARE IMMUNIZATION EXEMPTION FORM				
<small>Vermont Child Care Licensing Regulations apply to any child in attendance at a licensed or registered childcare program. Before entry into childcare, children must have a record of their immunizations on file, unless exempt for medical, religious, or moral (philosophic) reasons. In order to claim an exemption this form needs to be completed, signed and returned to your childcare provider.</small>				
<small>Please note that children with an immunization exemption may be excluded from childcare during the course of a disease outbreak. This is because unimmunized children are at higher risk for getting that disease and in-turn transmitting it to other children. The length of time your child is out of childcare will vary depending on the type of disease and the circumstances surrounding the outbreak. This may be from as little as several days to over a month.</small>				
This document is being submitted on behalf of the following child:				
Name:		Date of Birth:		
Last _____ First _____		/ /		
<b>MEDICAL EXEMPTION</b>				
The following vaccine(s) are medically contraindicated:				
Hepatitis B	DTaP	HIB	Pneumococcal	Polio
Measles	Mumps	Rubella	Varicella (chickenpox)	
Reason for exemption(s): _____				
This exemption shall continue until: / /				
Print Name of Physician _____			Telephone ( ) _____	
Signature of Physician _____			Date / /	
<b>MORAL (PHILOSOPHIC) EXEMPTION</b>		<b>RELIGIOUS EXEMPTION</b>		
I request that following immunization(s) be waived because they conflict with free exercise of religious rights and /or moral (philosophic) rights:				
Hepatitis B	DTaP	HIB	Pneumococcal	Polio
Measles	Mumps	Rubella	Varicella (chickenpox)	
Signature of Parent _____			Telephone ( ) _____ Date / /	

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**5. List all children who are missing immunization(s) or have a signed exemption on the Line List of Provisional and Exempt Children form.**

It is important to maintain the Line List of Provisional and Exempt Children form (from now on this will be referred to as the Line List) because -- in the case of a disease outbreak – you will need to use this list to identify and protect those children who haven't been immunized. This Line List will help you identify which children are immune and which are at risk for each vaccine preventable disease.

A child may be provisionally admitted to a child care facility if a health care provider indicates the child is in the process of complying with all immunization requirements. Such provisional admission shall be for a reasonable length of time but shall not exceed 60 days after the child is admitted to the child care facility. The child care provider needs to create and maintain a Line List of provisionally admitted children and follow-up until requirements are met.

A Line List is provided by the Vermont Immunization Program in Excel and PDF Format (see example below). Providers can use one of those forms or create a roster.


In addition to provisionally admitted children, any child with a signed exemption form must be included on the Line List. Those children will remain on the Line List, while provisionally admitted children will be removed from the list when they become compliant with the requirements.

Information from this list should be used to complete the Annual Report, due January 1st of each year for children enrolled as of October 1st. It can also be used in case of a disease outbreak to identify susceptible children.

- List child's name.
- Date of birth.
- Date of enrollment.
- Enter the number one (1) for each child who is missing any immunizations (Excel format will automatically calculate totals at the bottom of the form). If you do not have Excel you may add the numbers manually.
- Enter the number one (1) for a specific exemption on file.
- Enter the number one (1) if child is provisionally admitted.
- Under the "Notes" section you can add comments, document when Notice of Missing Immunizations was mailed, reminder calls made, etc.
- Continue follow up until all children are in compliance and keep this list updated.

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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
<b>LINE LIST OF PROVISIONAL AND EXEMPT CHILDREN</b>														 <b>VERMONT</b> DEPARTMENT OF HEALTH
YEAR: _____														
Child's Name	Date of Birth	Enrollment Date	Missing Vaccine							Signed Exemption			Provisional Admission	NOTES
			Hepatitis B	DTaP	HIB	PCV	Polio	MMR	Varicella	Medical	Religious	Philosophical		
John Smith	1/5/2005						1						1	Notice mailed 10/11/10, tele call 10/15/10
Ashley Jones	2/9/2006		1	1	1		1					1		
<b>totals</b>			<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	
<b>Instructions:</b> - Only list children missing vaccines - Delete children from the list when vaccine doses received - Children with exemptions should remain on the list - Indicate missing vaccine with a "1" in order to have totals for the Annual Immunization Status Report														
▶ ▶ \ Sheet1 / Sheet2 / Sheet3 /														

**6. For children who have not received all the required immunizations for their age, you will need to provide the parent with a Child Care Notice of Incomplete Immunizations.**

On this form circle the vaccine and the number of the dose (if available) that the child needs to receive in order to meet immunization requirements. Parents can share this with their health care provider when they schedule an appointment.

**CHILD CARE NOTICE OF  
INCOMPLETE IMMUNIZATIONS**



Child's Name: \_\_\_\_\_

*Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (18 V.S.A. § 1123). We have admitted your child for a period of time that shall not exceed 60 days from enrollment date. Please obtain complete dates for the indicated immunizations and provide a record to us by \_\_\_\_/\_\_\_\_/\_\_\_\_.*

Circle the vaccine and the number of doses (if available) that the child needs to receive in order to meet the immunization requirements.

Vaccine Type	Dose/Doses Needed			
Hepatitis B (HBV or Hep B)	1	2	3	
DTaP (Diphtheria, Tetanus, and Pertussis)	1	2	3	4
HIB (Haemophilus Influenzae Type B)	1	2	3	4
PCV (Pneumococcal)	1	2	3	4
Polio (OPV or IPV)	1	2	3	
MMR (Measles, Mumps, and Rubella)	1			
Varicella (Chicken Pox)	1 or history of disease			

☐ *There is no record of any immunizations on file at the childcare for the student named above. Please submit an immunization record, exemption form, or provisional admittance request immediately!*

**Provisional Admittance Request:**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

*The above child is in the process of complying with all the immunization requirements. All requirements should be met by \_\_\_\_/\_\_\_\_/\_\_\_\_.*

Print Name of Health Care Provider \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: \_\_\_\_\_

**7. Refer any children who are not fully immunized to their primary care provider. If they do not have a primary care provider, refer to the local district health office.**

The State of Vermont is invested in childhood immunizations. The Health Department provides all recommended childhood vaccines to health care providers free of charge. Providers may charge a small fee for administration of the shots. Information about local district health offices can be found on the Health Department website [http://www.healthvermont.gov/local/district/district\\_office.aspx](http://www.healthvermont.gov/local/district/district_office.aspx)

If a family does not have health insurance, Dr. Dynasaur offers low-cost or free health insurance for children. Even children who are already covered by other insurance plans may qualify for extra benefits from Dr. Dynasaur. You may refer parents to Health Access Member Services for Green Mountain Care at 800-250-8427 for more information.


**8. Admit only those children who: (a) have met all the immunization requirements; or (b) will receive required vaccinations in the next 60 days; or (c) have a signed exemption on file.**

According to the law, children must be immunized before they can be admitted to a child care program in Vermont. However, children with incomplete immunization records can be admitted provisionally for up to 60 days while their parents work to get them caught up with shots. Unimmunized children may also be admitted if a parent provides you with a signed exemption form.

**9. If a child does not receive his/her required vaccines within 60 days, you need to provide the parents with the Child Care Exclusion notice for Incomplete Immunizations.**

You can help parents remember that they are responsible for getting the required vaccines for their child within 60 days. You will need to inform them of the specific date by which the child must receive the required vaccines or face exclusion. Prior to giving a parent this form you may verbally remind the parent that their child needs a required vaccine.

**CHILD CARE EXCLUSION NOTICE  
FOR INCOMPLETE IMMUNIZATIONS**



Child's Name: \_\_\_\_\_

Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (18 V.S.A. § 1123). Please obtain complete dates for the indicated immunizations and provide a record to us by \_\_\_\_/\_\_\_\_/\_\_\_\_ or your child will be **excluded** from attending childcare after that date.

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law required that children must be appropriately immunized in order to attend a Vermont child care. Our facility supports this policy. If you have questions or need additional information regarding vaccinations you may contact your health care provider or Vermont Department of Health Immunization program.

Vaccine Type	Dose/Doses Needed			
Hepatitis B (HBV or Hep B )	1	2	3	
DTaP (Diphtheria, Tetanus, and Pertussis)	1	2	3	4
HIB (Haemophilus influenzae Type B)	1	2	3	4
PCV (Pneumococcal)	1	2	3	4
Polio	1	2	3	
MMR (Measles, Mumps, and Rubella)	1			
Varicella (Chicken Pox)	1 or history of disease			

Sincerely,

\_\_\_\_\_  
Signature

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# **The Annual Report**

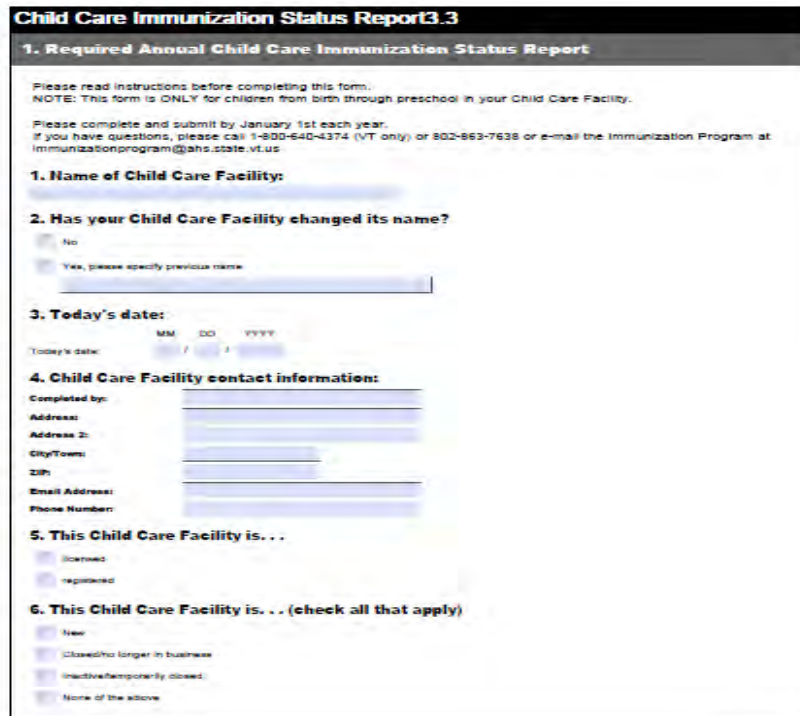


# The Annual Report

Due by January 1 each year

The Annual Report has three sections:

- Child care provider contact information
- Immunization status of all children enrolled in your facility as of October 1
- Children lacking required vaccines



**Child Care Immunization Status Report 3.3**

**1. Required Annual Child Care Immunization Status Report**

Please read instructions before completing this form.  
NOTE: This form is ONLY for children from birth through preschool in your Child Care Facility.

Please complete and submit by January 1st each year.  
If you have questions, please call 1-800-640-4374 (VT only) or 802-863-7638 or e-mail the Immunization Program at [immunizationprogram@ahs.state.vt.us](mailto:immunizationprogram@ahs.state.vt.us)

**1. Name of Child Care Facility:** \_\_\_\_\_

**2. Has your Child Care Facility changed its name?**

☐ No

☐ Yes, please specify previous name: \_\_\_\_\_

**3. Today's date:**

MM / DD / YYYY

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**4. Child Care Facility contact information:**

Completed by: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/Town: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**5. This Child Care Facility is. . .**

☐ licensed

☐ registered

**6. This Child Care Facility is. . . (check all that apply)**

☐ New

☐ Closed/no longer in business

☐ Inactive/temporarily closed

☐ None of the above

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## When do I need to complete the annual report?

The annual report must be completed by January 1 of each year. This report is a collection of immunization information from all of the children in your child care facility as of October 1. You are not reporting information about individual children. Instead, you will report collective data for all children ages birth through 5. Do not include any children who are enrolled in school (Kindergarten -12th grade).

**To identify the immunization status of all children enrolled in your child care facility on October 1, you can obtain updated immunization information in two ways:**

1. Request from parents a copy of updated immunization records for all children. The immunization record may be faxed or mailed to you directly from the provider office.

**OR**

2. With the parent's written permission, you may use the Vermont Immunization Registry to review the child's current immunization status. You must have a Registry User ID and password to access this database.

**Note:** It is a state requirement that all providers enter immunizations given into the Vermont Immunization Registry. However, at this time there is not complete reporting from all health care providers.

**For each record you receive where children are not up-to-date on immunizations, update the Line List of Provisional and Exempt Children form. It is essential to keep this updated to protect unimmunized children in the event of an outbreak.**

## How to submit your Annual Report

The annual report must be submitted by January 1 each year.

The survey software will not allow you to submit an incomplete report. So, before you begin to fill out the survey, you need to:

- Review and assess immunization records for all children in your care.
  - If you need to check the online Vermont Immunization Registry (IMR), you must get written permission from the child's parent and follow the instructions on page 17.
- Update the Line List of Provisional and Exempt Children form and proofread.

Next, log onto the website <http://healthvermont.gov/hc/imm/ChildCareEntry.aspx>

The survey will guide you through a series of questions and you must answer all of them to complete the report. If you skip a question then you will not be able to continue. If you need to gather more information, you may exit the survey and start again at a later time.

Be sure to print a copy of the Annual Report for your records. If you review this document and find that there was an error, please call the VDH Immunization Program staff at 1-800-640-4374.

## How to access a child's record on the Immunization Registry

We want to make it easy for you to determine if a child is up to date with immunizations. The Vermont Immunization Registry, or IMR, is a statewide database of immunization information. As a licensed or registered child care provider in VT, you may apply for a user name and password for the IMR. With that password, and the written permission of a parent, you may look up and print a report that shows if a child is up to date with immunizations.

## How do I find the Immunization Registry?

You can find the Immunization Registry through the Department of Health website. Here's the direct link: <http://healthvermont.gov/hc/IMR/index.aspx>. If you have any problems please call us at 1-888-688-4667.



## How do I get a password?

To apply for a password, you need to sign a copy of our **Confidentiality Agreement**, which you will find a copy in this manual on page 18.

Please mail the signed form to:

**Immunization Registry  
PO Box 70  
Burlington VT 05402**

We will begin processing these requests on October 1.

## How do I use the Immunization Registry?

Look up a child's record using their first name, last name, and date of birth. Then open the Immunization Registry, and select the Licensed Child Care report. This will display a printable list of the different immunization series, and a YES/NO button to show whether that child is up to date.

The screenshot shows a web interface for the Immunization Registry. At the top left is a logo with the text "Protecting Our Children's Health, Securely, Accurately, Confidentially". At the top right, there are fields for "<Practice Name>", "<Practice Address>", "<Town>", "<ST>" (with "12345" as a placeholder), and "<Phone #>". The main title is "Licensed Child Care View by Vaccine Series" with a subtitle "Date of Report: 09/01/2005". Below this, there are input fields for "<First Name> <Last Name> <(DOB)>" and "<Medical Practice Name>". The central part of the form is a table with three columns: "Vaccine Series", "Common Name", and "Up to Date". The table lists several vaccine series: Hep B, DTap, Hib, PCV, IPV, MMR, Var, Rota\*, and Hep A\*. Each row has a corresponding common name and a "Yes / No" option in the "Up to Date" column. Below the table, there is a footnote "\* Recommended but not required" and a row for "History of Varicella" with a "Yes / No" option.

Vaccine Series	Common Name	Up to Date
Hep B	Hepatitis B	Yes / No
DTap	Diphtheria, Tetanus, Whooping Cough	Yes / No
Hib	Hib	Yes / No
PCV	Pneumococcal	Yes / No
IPV	Polio	Yes / No
MMR	Measles, Mumps, Rubella	Yes / No
Var	Chicken Pox	Yes / No
Rota*	Rotavirus	Yes / No
Hep A*	Hepatitis A	Yes / No

\* Recommended but not required

History of Varicella Yes / No

## Are all children listed in the Immunization Registry?

Just about all. Home births and children born out of state can sometimes be delayed in getting a record in the registry, but you should find most children you look for. If you don't find a child's record, you may check again later or ask the parent to give you a copy of their child's record from the doctor.

## Are all immunizations that are given to children listed in the Immunization Registry?

Not in all cases because there can be a delay before the information gets into the registry. You can check again in a week or two to see if more immunizations have been added. You can also ask the parent to give you the child's immunization record.

## What if I have questions?

The IMR can be reached by email at this address: [imr@ahs.state.vt.us](mailto:imr@ahs.state.vt.us)

The Immunization Program can be reached by email at [immunizationprogram@ahs.state.vt.us](mailto:immunizationprogram@ahs.state.vt.us).

Please feel free to call us.

Password and registry questions: (888)-688-4667

Immunization and reporting questions: (800) 640-4374

\* VERMONT IMMUNIZATION REGISTRY  
**Protecting Our Children's Health**  
*Securely, Accurately, Confidentially*

**ACCESS AND CONFIDENTIALITY/PRIVILEGE AGREEMENT**

**To obtain a user name and password, return a signed copy of this form to:  
Immunization Registry, Vermont Dept of Health, 108 Cherry Street, PO Box 70,  
Burlington VT 05402.  
Questions: call (888) 688-4667.**

**STATEMENT TO CHILD CARE PROVIDER**

As a child care provider, you are legally required by 18 VSA § 1121(b) to annually confirm that each child wishing to enroll or remain in your child care facility has received required immunizations in the prior 12-month period appropriate to age as specified by the Vermont Department of Health (VDH). A parent or guardian must provide you, or cause to be provided to you, a record or certificate of immunization issued by a licensed health care practitioner or health clinic.

In addition, 18 VSA § 1129(b) provides that childhood immunization registry information regarding a particular child may be provided to you upon request so long as you have obtained written consent from a parent or guardian. Access to the registry would also allow you to document compliance. Registry information must be kept confidential and privileged.

**CHILD CARE PROVIDER'S AGREEMENT**

As a child care provider with parental or guardian consent I am entitled to childhood immunization registry information regarding the children that I provide child care services to, I hereby agree as follows:

1. I will access confidential and privileged information only as needed to perform child care services for enrolled children.
2. I will only access information I have a need to know for children enrolled in the child care I am affiliated with or operate.
3. I will not in any way divulge a copy, release, sell, loan, review, alter or destroy any confidential and privileged information except as properly authorized within the scope of my professional activities as a child care provider.
4. I will not misuse confidential and privileged information or treat such information carelessly.
5. I will safeguard and will not disclose my access code or any other authorization I have that allows me to access confidential and privileged information. I accept responsibility for all activities undertaken using my access code and other authorization.



6. I will report activities by any individual or entity that I suspect may compromise the protection and privacy of confidential and privileged information. Reports made in good faith about suspect activities will be held in confidence to the full extent permitted by law, including the name of the individual reporting the activities.
7. I understand that my obligation under this Agreement will continue after termination of my privileges and access hereafter are subject to periodic review, revision, and if appropriate, renewal.
8. I understand that I have no right or ownership interest in any confidential and privileged information to which I have access. The Department of Health may, at any time, revoke my authorization or access to confidential and privileged information.
9. I will be responsible for my misuse or wrongful disclosure of confidential and privileged information and for my failure to safeguard my access code or other authorization access to confidential and privileged information.
10. I understand that failure to comply with this Agreement may also result in loss of privileges to access confidential and privileged information.
11. I understand that, under 18 VSA § 1001(d), a confidential public health record shall not be:
  - a. Disclosed or discoverable in any civil, criminal, administrative or other proceeding.
  - b. Used to determine issues relating to employment or insurance for any individual.

I also understand that any person who willfully or maliciously discloses the content of any confidential public health record without written authorization or as authorized by law shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$25,000.00 and costs and attorneys fees as determined by the Court.

**CHILD CARE PROVIDER:**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**(Licensed Child Care Provider Signature)**

\_\_\_\_\_  
**(Licensed Child Care Provider Name Printed)**

\_\_\_\_\_  
**(Licensed Child Care Facility Name)**

\_\_\_\_\_  
**(Mailing Address)**

\_\_\_\_\_  
**(Email Address)**

## 18 V.S.A. § 1129. Immunization registry

a) A health care provider shall report to the department all data regarding immunizations of adults and of children under the age of 18 within seven days of the immunization, provided that required reporting of immunizations of adults shall commence within one month after the health care provider has established an electronic health records system and data interface pursuant to the e-health standards developed by the Vermont information technology leaders. A health insurer shall report to the department all data regarding immunizations of adults and of children under the age of 18 at least quarterly. All data required pursuant to this subsection shall be reported in a form required by the department.

(b) The department may use the data to create a registry of immunizations. Registry information regarding a particular adult shall be provided, upon request, to the adult, the adult's health care provider, and the adult's health insurer. **A minor child's record also may be provided, upon request, to school nurses, and upon request and with written parental consent, to licensed day care providers, to document compliance with Vermont immunization laws.** Registry information regarding a particular child shall be provided, upon request, to the child after the child reaches the age of majority and to the child's parent, guardian, health insurer, and health care provider. Registry information shall be kept confidential and privileged and may be shared only in summary, statistical, or other form in which particular individuals are not identified. (Added 1997, No. 91 (Adj. Sess.), § 1; amended 2007, No. 204 (Adj. Sess.), § 11.)



# **General Vaccine Information**

# The Truth about Vaccine Safety

Vermont Department of Health  
June 2011

The question of vaccine safety lingers among parents who are concerned about their child's health. Prior to the development of vaccines, hundreds of thousands of children got sick and died from infectious diseases every year. Immunization efforts in the past 50 years have eliminated some deadly infectious diseases (small pox), and significantly reduced the prevalence of others such as measles and pertussis (whooping cough).

Without the constant threat of deadly infectious diseases in our country, it is hard for many parents to imagine why babies and children need all those shots, especially if there is a tiny risk that their child will have an adverse reaction to a vaccine.

Despite a constant flow of negative media stories, studies consistently show that vaccines are safe and effective for millions of people. The following information addresses common misconceptions and myths about vaccines:

## **Myth: Vaccines cause autism**

**Truth:** All reputable scientific studies have found no link between the MMR (measles, mumps and rubella) vaccine and autism. Ever since an infamous 1998 study was published falsely linking vaccines with autism, parents have been understandably fearful. Vaccine safety has been carefully studied for decades, and data supports both the individual and community-wide benefits of vaccines.

It is true that more American children are being diagnosed with autism, and scientists don't know why. According to Dr. Paul Offit, Director of Vaccine Education at Children's Hospital of Philadelphia, the 1998 study has been repeated 14 times around the globe by different researchers, and the results are consistent -- vaccines don't cause autism. Experts are trying to figure out what is going on, but until we have more information, we need to let go of the myth that vaccines are the culprit.

## **Myth: Kids get too many vaccines**

**Truth:** As soon as a baby emerges from the mother's womb, s/he is exposed to thousands of germs on a daily basis. The goal of vaccines is to protect children as quickly as possible from diseases that can be deadly, and to boost the immune system. Vaccines are tested and then approved for use by the US Federal Drug Administration (FDA) only after they have been extensively studied for safety. Even though the number of shots given has increased over the years, individual vaccines are safer than ever before because they contain fewer germ particles, further lowering the risk of complications.

## **Myth: It's safe to follow an alternative vaccination schedule**

**Truth:** Experts at the Centers for Disease Control and Prevention (CDC) publish a standard vaccination schedule based on scientific information. The standard schedule provides protection at the earliest possible ages. Separating, spacing out or withholding immunizations will leave babies at risk of being infected with vaccine-preventable diseases. Children on alternative schedules require more frequent doctor's visits, which can be unnecessarily stressful and costly.

**Myth: Added ingredients in vaccines are dangerous**

Truth: All vaccines contain antigens, the active ingredient that prompts the body to create immune cells that will protect against future infection. Antigens come in different forms such as: weakened, inactivated or partial viruses, and partial bacteria.

Vaccines also contain inactive ingredients, which are added to make them safer and more effective. For example, aluminum salts are added to help the body generate a better immune response to vaccines. Aluminum is the most common metal found in nature, and we eat, drink and breathe tiny amounts daily. Most of the aluminum that enters the body is filtered by the kidneys and quickly eliminated in urine. Aluminum has been used safely in vaccines for over 70 years.

In 2001 vaccine manufacturers removed thimerosal, a mercury-based preservative from all routine childhood vaccines because of a questionable link between mercury and autism. Valid scientific studies have shown that there is no link and sadly, autism rates in children have increased since thimerosal was removed. We still don't know what is causing the rate of autism to rise.



# Vaccine Preventable Diseases

## Information for Parents

Disease	Description and Vaccine Schedule
<b>Diphtheria</b>	<p>Diphtheria is a disease caused by bacteria that produce a toxin. Diphtheria can cause airway obstruction making it hard to breathe. It can also cause heart problems, and in some cases death.</p> <p><b>Vaccinate with DTaP at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years.</b></p>
<b>Haemophilus Influenzae Type b (Hib)</b>	<p>Hib bacteria can cause meningitis (infection of the covering around the brain and spinal cord), pneumonia, and infection in the blood, joints, bones, throat and the covering around the heart.</p> <p>Hib is most serious in children ages 5 and younger. One out of 20 children who get Hib meningitis die and 10-30% of survivors suffer permanent brain damage.</p> <p><b>Vaccinate with Hib vaccine at 2 months, 4 months, 6 months and 12-15 months.</b></p>
<b>Hepatitis A</b>	<p>Hepatitis A is a contagious liver infection caused by a virus. The virus is spread by the ingestion of food, water or contact with other objects that have been contaminated with feces from an infected person.</p> <p><b>Vaccinate children with 2 doses of hepatitis A vaccine between 12-23 months</b></p>
<b>Hepatitis B</b>	<p>Hepatitis B is an infection of the liver caused by a virus. It is spread through contact with the blood or other bodily fluids of an infected person.</p> <p>The virus stays in the liver of some people for the rest of their lives resulting in severe liver diseases.</p> <p><b>Vaccinate children with hepatitis B vaccine at birth, 1-2 months, and 6-18 months.</b></p>
<b>Influenza (Flu)</b>	<p>Influenza or flu is a viral infection of the nose, throat and lungs that is spread very easily. Influenza virus spreads from person to person through coughing or sneezing. 36,000 Americans die each year due to influenza and its complications. It is the sixth leading cause of death among children ages 4 and under.</p> <p><b>Vaccinate people older than 6 months of age annually with influenza vaccine.</b></p>
<b>Measles</b>	<p>Measles is disease caused by a virus that is spread <u>very</u> easily. Just being in the same room as someone with measles is enough to catch the disease.</p> <p>Measles can also cause pneumonia, brain damage, seizures and death.</p> <p><b>Vaccinate with MMR vaccine at 12-15 months and again at 4-6 years of age.</b></p>
<b>Mumps</b>	<p>Mumps is a virus that causes fever, headaches and swollen salivary glands under the jaw. Mumps can cause permanent hearing loss, and sterility in males.</p> <p><b>Vaccinate with MMR vaccine at 12-15 months and at 4-6 years of age.</b></p>
<b>Pertussis (Whooping cough)</b>	<p>Pertussis is a bacterial illness that is spread by contact with secretions from coughing and sneezing. It can occur in persons of any age but is most serious for infants who are 12 months of age or younger.</p> <p>Pertussis causes spells of violent coughing and choking that makes it hard to breathe, drink, or eat. The cough can last for weeks.</p> <p><b>Vaccinate children with DTaP vaccine at 2 months, 4 months, 6 months, 15-18 months &amp; 4-6 years.</b></p>

<b>Pneumococcal Disease</b>	<p>Pneumococcal disease is a bacterial infection that can invade the lungs, bloodstream and the brain. Pneumococcal disease can cause severe illness that may require hospitalization or result in death.</p> <p><b>Vaccinate children with pneumococcal vaccine at 2 months, 4 months, 6 months and 12-15 months of age.</b></p>
<b>Polio</b>	<p>Polio is caused by a virus that is spread by contact with the feces of an infected person. Polio can cause paralysis and even death.</p> <p><b>Vaccinate with polio vaccine at 2 months, 4 months, 6-18 months and 4-6 years.</b></p>
<b>Rotavirus</b>	<p>Rotavirus is the most common cause of severe diarrhea in children. About 55,000 children are hospitalized each year in the U.S. due to rotavirus. Over 95% of children experience rotavirus infection by age 5. The most severe cases occur among children 6-24 months of age.</p> <p><b>Vaccinate with rotavirus vaccine at 2 months, 4 months and 6 months.</b> 2-3 doses of vaccine are needed depending on brand of vaccine used.</p>
<b>Rubella</b>	<p>Rubella virus causes a mild sickness with fever, swollen glands and a rash that last for 3 days. For women infected during pregnancy the results can be devastating to the baby. This can include fetal death (miscarriage), fetal heart defects and loss of hearing or sight in the baby.</p> <p><b>Vaccinate with MMR vaccine at 12-15 months and 4-6 years of age.</b></p>
<b>Tetanus</b>	<p>Tetanus is caused by a toxin that is produced by bacteria found in soil. Toxic bacteria enters the body through a cut or wound. Tetanus causes painful spasms and stiffness of all muscles in the body. 2 out of 10 people who get tetanus die from the disease.</p> <p><b>Vaccinate children with DTaP vaccine at 2 month, 4 months, 6 months, 15-18 months and 4-6 years.</b></p>
<b>Varicella (Chickenpox)</b>	<p>Varicella virus, also known as chicken pox, is highly contagious. It causes a rash on the skin that appears as blister-like lesions that itch. Severe cases occur most often in adolescents and adults. Complications from the varicella virus can include severe skin infections, pneumonia, brain infection or death.</p> <p><b>Vaccinate with varicella vaccine at 12-15 months and 4-6 years.</b></p>

## References and Resources

- Vermont Department of Health Immunization Program  
[healthvermont.gov/hc/imm/index.aspx](http://healthvermont.gov/hc/imm/index.aspx)
- Centers for Disease Control and Prevention [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
- Children's Hospital of Philadelphia [vaccine.chop.edu](http://vaccine.chop.edu)
- Immunization Action Coalition [www.immunize.org](http://www.immunize.org)
- American Academy of Pediatrics [www.aap.org/immunization](http://www.aap.org/immunization)
- Information about Vaccine Ingredients  
[www.chop.edu/export/download/pdfs/articles/vaccine-education-center/vaccine-ingredients.pdf](http://www.chop.edu/export/download/pdfs/articles/vaccine-education-center/vaccine-ingredients.pdf)
- "The Facts About Childhood Vaccines – Q & A," from Children's Hospital of Philadelphia
- ***The Panic Virus*** by Seth Mnookin, Simon and Schuster publisher, January, 2011

# **Immunization Schedule**

*The following information was developed by the American Academy of Pediatrics to address common questions that parents may have.*

## **The Childhood Immunization Schedule: Why Is It Like That?**

By the American Academy of Pediatrics

### **Q1: Who decides what immunizations children need?**

A: Each year, top disease experts and doctors who care for children work together to decide what to recommend that will best protect U.S. children from diseases. The schedule is evaluated each year based on the most recent scientific data available. Changes are announced in January, if needed. The schedule is approved by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the American Academy of Family Physicians.

### **Q2: How are the timing and spacing of the shots determined?**

A: Each vaccine dose is scheduled using 2 factors. First, it is scheduled for the age when the body's immune system will work the best. Second, it is balanced with the need to provide protection to infants and children at the earliest possible age.

### **Q3: Why are there so many doses?**

A: Researchers are always studying how well vaccines work. For many vaccines three or four doses are needed to fully protect your child. The doses need to be spaced out a certain amount to work the best.

### **Q4: Why is the schedule “one size fits all?” Aren’t there some children who shouldn’t receive some vaccines?**

A: Your child's health and safety are very important to your child's doctor. The schedule is considered the ideal schedule for healthy children but there may be exceptions. For example, your child might not receive certain vaccines if she has allergies to an ingredient in the vaccine, or if she has a weakened immune system due to illness, a chronic condition, or another medical treatment. Sometimes a shot needs to be delayed for a short time, and sometimes not given at all. Your pediatrician stays updated about new exceptions to the immunization schedule. This is one reason your child's complete medical history is taken at the pediatrician's office, and why it is important for your child's health care providers to be familiar with your child's medical history.

### **Q5: Why can't the shots be spread out over a longer period of time? There are 25 shots recommended in the first 15 months of life; why not spread these out over 2 or 3 years?**

A: First, you would not want your child to go unprotected that long. Babies are hospitalized and die more often from some diseases, so it is important to vaccinate them as soon as it is safe. Second, the recommended schedule is designed to work best with a child's immune system at certain ages and at specific times. There is no research to show that a child would be equally protected against diseases with a very different schedule. Also, there is no scientific reason why spreading out the shots would be safer. But we do know that any length of time without immunizations is a time without protection.

**Q6: I've seen another schedule in a magazine that allows the shots to be spread out. It was developed by a pediatrician. Why can't I follow that schedule? My child would still get his immunizations in time for school.**

A: There is no scientific basis for such a schedule. No one knows how well it would work to protect your child from diseases. And if many parents in any community decided to follow such a schedule, diseases will be able to spread much more quickly. Also, people who are too sick or too young to receive vaccines are placed at risk when they are around unvaccinated children. For example, following one alternative schedule would leave children without full polio protection until age 4. Yet it would take only one case of polio to be brought into the U.S. for the disease to take hold again in this country. This schedule also delays the measles vaccine until age 3. We have already seen outbreaks of measles in some parts of the country because children were not immunized. This is a highly infectious disease that can cause serious harm--even death. The reason we recommend vaccines when we do is because young children are more vulnerable to these diseases. Pediatricians want parents to have reliable, complete, and science-based information, so that they can make the best decision for their child about vaccination.

**Q7: Isn't it possible that my child has natural immunity to one or more diseases? If he does, can't he skip the shot?**

A: Tests that check for immunity to certain diseases do not work well in young children.

**Q8: Isn't it overwhelming to a child's immune system to give so many shots in one visit?**

A: Infants and children are exposed to many germs every day just by playing, eating, and breathing. Their immune systems fight those germs, also called antigens, to keep the body healthy. The amount of antigens that children fight every day (2,000-6,000) is much more than the antigens in any combination of vaccines on the current schedule (150 for the whole schedule). So children's immune systems are not overwhelmed by vaccines.

**Q9: There are no shots given at 9 months, other than maybe flu vaccine or catch-up vaccines. Why not give some at that visit instead of at 6 months or 12 months?**

A: Waiting until 9 months would leave the child unprotected from some diseases, but 9 months is too early for some of the 12-18 month vaccines. For example, it is too early for the live measles, mumps, rubella and varicella vaccines, since some infants might have a bit of protection left from their mother during the pregnancy, and that protection could make the vaccine less effective.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Link to the article <http://www.aap.org/immunization/families/faq/Vaccineschedule.pdf>



## Required Immunization Schedule for Entry into Child Care

This is a schedule specifically written for children age birth until 6. Child care providers should refer to this during enrollment and annual review.

### Which immunizations are required for entry into child care?

Age when enrolling:	Immunizations required:
<b>2 – 3 months</b>	1 each of DTaP, Hep B, Polio, Hib, PCV
<b>4 – 5 months</b>	2 each of DTaP, Hep B, Polio, Hib, PCV
<b>6 – 14 months</b>	3 each of DTaP, Hep B, Polio, Hib, PCV
<b>15 – 17 months</b>	3 each of DTaP, Hep B, Polio 1 each MMR, Varicella 1–4 doses each of Hib and PCV
<b>18 months – 4 years</b>	3 polio, 3 Hep B, 4 DTaP 1 each of MMR, Varicella 1–4 doses each of Hib and PCV

DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • polio • Hib: haemophilus influenzae  
• Varicella: chickenpox • MMR: measles, mumps, rubella • PCV: pneumococcal

\* Hepatitis A, rotavirus, and influenza vaccines are also strongly recommended, but not required.

# Vermont Recommended Child & Teen Vaccination Schedule

2011

Vaccine	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months	Assure your child is up to date by age 2		
							Prior to Kindergarten	Prior to 7th Grade	13-18 Years
<i>Haemophilus influenzae</i> type b (Hib)		Hib	Hib	Hib	Hib		4-6 Years	11-12 Years	
Pneumococcal (PCV)		PCV	PCV	PCV	PCV				
Hepatitis B (HepB)	HepB	HepB		HepB					
Diphtheria, Tetanus, Pertussis (DTaP)		DTaP	DTaP	DTaP		DTaP	DTaP		
Poliovirus (Polio) (IPV)		IPV	IPV	IPV			IPV		
Measles, Mumps, Rubella (MMR)					MMR		MMR		
Varicella (Chicken pox)*					Varicella		Varicella		
Tetanus, Diphtheria, Pertussis (Tdap)								Tdap	
Meningococcal (MCV4)**								MCV4	MCV4 second dose, after age 16
Hepatitis A (HepA)						HepA			
Rotavirus (RV)		RV	RV						
Human Papillomavirus (HPV)								HPV 3 doses over 6 months	
Influenza					Influenza		Every flu season		

\* Vaccine or documentation of history of disease.

\*\* Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.

Vermont's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practice (ACIP), of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

For more information, contact the Vermont Department of Health Immunization Program:

Phone: 802-863-7638

toll free (in VT): 800-640-4374

website: [HealthVermont.gov](http://HealthVermont.gov)



DEPARTMENT OF HEALTH

Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines <sup>1,2</sup>				
Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Hepatitis B (HepB)-1 <sup>3</sup>	Birth	Birth	1-4 months	4 weeks
HepB-2	1-2 months	4 weeks	2-17 months	8 weeks
HepB-3 <sup>4</sup>	6-18 months	24 weeks	—	—
Diphtheria-tetanus-acellular pertussis (DTaP)-1 <sup>3</sup>	2 months	6 weeks	2 months	4 weeks
DTaP-2	4 months	10 weeks	2 months	4 weeks
DTaP-3	6 months	14 weeks	6-12 months	6 months <sup>5,6</sup>
DTaP-4	15-18 months	12 months	3 years	6 months <sup>5</sup>
DTaP-5	4-6 years	4 years	—	—
<i>Haemophilus influenzae</i> type b (Hib)-1 <sup>3,7</sup>	2 months	6 weeks	2 months	4 weeks
Hib-2	4 months	10 weeks	2 months	4 weeks
Hib-3 <sup>8</sup>	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Inactivated poliovirus (IPV)-1 <sup>3</sup>	2 months	6 weeks	2 months	4 weeks
IPV-2	4 months	10 weeks	2-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4 <sup>9</sup>	4-6 years	4 years	—	—
Pneumococcal conjugate (PCV)-1 <sup>7</sup>	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Measles-mumps-rubella (MMR)-1 <sup>10</sup>	12-15 months	12 months	3-5 years	4 weeks
MMR-2 <sup>10</sup>	4-6 years	13 months	—	—
Varicella (Var)-1 <sup>10</sup>	12-15 months	12 months	3-5 years	12 weeks <sup>11</sup>
Var-2 <sup>10</sup>	4-6 years	15 months	—	—
Hepatitis A (HepA)-1	12-23 months	12 months	6-18 months <sup>5</sup>	6 months <sup>5</sup>
HepA-2	≥18 months	18 months	—	—
Influenza, inactivated (TIV) <sup>12</sup>	≥6 months	6 months <sup>13</sup>	1 month	4 weeks
Influenza, live attenuated (LAIV) <sup>12</sup>	2-49 years	2 years	1 month	4 weeks
Meningococcal conjugate (MCV4)-1 <sup>14</sup>	11-12 years	2 years	5 years	8 weeks
MCV4-2	16 years	11 years (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1 <sup>14</sup>	—	2 years	5 years	5 years
MPSV4-2	—	7 years	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap) <sup>15</sup>	≥11 years	7 years	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2 <sup>16</sup>	—	7 years	—	—
Human papillomavirus (HPV)-1 <sup>17</sup>	11-12 years	9 years	2 months	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks <sup>18</sup>
HPV-3 <sup>18</sup>	11-12 years (+ 6 months)	9 years (+24 weeks)	—	—
Rotavirus (RV)-1 <sup>19</sup>	2 months	6 weeks	2 months	4 weeks
RV-2	4 months	10 weeks	2 months	4 weeks
RV-3 <sup>20</sup>	6 months	14 weeks	—	—
Herpes zoster <sup>21</sup>	≥60 years	60 years	—	—

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf>

# **Information About the Vermont Child Care Rule**

### **What about alternative vaccination schedules?**

Some parents follow “alternative” childhood vaccination schedules. Alternative schedules are not based on any evidence of effectiveness, they require more shots, and they put children at unnecessary risk of disease.

### **What reports will I need to submit?**

Each year, between October 1 and January 1, as a licensed or registered child care provider you must submit to the Health Department a summary report showing the vaccination status of the children in your care. The Health Department will provide training on immunization records, record-keeping and reporting requirements.

### **How can I help parents who are concerned about the cost of getting their child vaccinated?**

Dr. Dynasaur provides low-cost or free health coverage for children. Even children who are already covered by health insurance may qualify for extra benefits from Dr. Dynasaur. For more information about this, call Health Access Member Services for Green Mountain Care at 1-800-250-8427.

### **What if I provide after-school care to children?**

Keep an immunization record for each child enrolled in school, but do not include these children in your annual reports. Children enrolled in K-12 will be reported by the school.

### **Where can I get more information, forms and materials?**

- Go to the Health Department’s website: [healthvermont.gov](http://healthvermont.gov) click on the A-Z listing and find Immunizations
- Call your **local Health Department office** or contact the Immunization Program at **1-800-640-4374** or [immunizationprogram@ahs.state.vt.us](mailto:immunizationprogram@ahs.state.vt.us)

# **Vermont’s Immunization Law Guide for Child Care Facilities**



Immunization Program • 1-800-640-4374 • [healthvermont.gov](http://healthvermont.gov)







## Help protect the health of children in your care.

Vermont law now requires that all licensed and registered child care providers help make sure young children are vaccinated against serious diseases. A number of childhood diseases – such as measles, mumps and pertussis (whooping cough) – can spread quickly among children who haven't had the proper shots. These diseases can cause serious illness, brain damage, and even death, especially among the very young. That's why it's so important that babies and children be fully vaccinated. This means having all the recommended shots, at the right times.

### Vaccines are safe and effective.

Children who are fully vaccinated by age 2 are protected against 14 diseases. Vaccinated children, in turn, protect others around them. When too many people are not vaccinated, life-threatening diseases like whooping cough can spread throughout a community. Vaccines do not cause autism, and it is safer to get immunity from a vaccine than from having the disease. In Vermont, the Health Department provides all recommended childhood vaccines to health care providers, free of charge.

### What must I do to comply with the law?

As a licensed or registered child care provider, you must keep records to show that each child age 2 months and older has been vaccinated against certain diseases – OR has a signed exemption form. With a parent's permission, child care providers will be able to check a child's record in the Vermont Immunization Registry.

You can find all the documents you need including record forms and sample letters on the Health Department's website at [healthvermont.gov](http://healthvermont.gov).



### Which immunizations are required for entry into child care?

Age when enrolling:	Immunizations required:
2 – 3 months	1 each of DTaP, Hep B, Polio, Hib, PCV
4 – 5 months	2 each of DTaP, Hep B, Polio, Hib, PCV
6 – 14 months	3 each of DTaP, Hep B, Polio, Hib, PCV
15 – 17 months	3 each of DTaP, Hep B, Polio 1 each MMR, Varicella 1–4 doses each of Hib and PCV
18 months – 4 years	3 polio, 3 Hep B, 4 DTaP 1 each of MMR, Varicella 1–4 doses each of Hib and PCV

DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • polio • Hib: haemophilus influenzae  
• Varicella: chickenpox • MMR: measles, mumps, rubella • PCV: pneumococcal

\* Hepatitis A, rotavirus, and influenza vaccines are also strongly recommended, but not required.

### What are the exemptions?

Children do not have to be vaccinated if they have a medical exemption signed by their health care provider – OR if they have a religious or philosophical exemption signed by a parent or guardian. If a child is not vaccinated, the signed exemption must be kept on file in place of the immunization record.

### What should I do if a child has not had all of the required vaccines?

If a parent or guardian wants to enroll a child who is not fully vaccinated, you can either admit the child for now (provisionally) – OR make sure the correct exemption is on file. Children admitted provisionally must have the required vaccinations within 60 days. It is your responsibility to notify the parent or guardian in person or in writing of the vaccines that are needed within 60 days to be in compliance with the law.

### **What if I do not have my child's vaccination record?**

Your health care provider should be able to print out an up-to-date copy of your child's record. They may be able to fax or mail it directly to your child care provider. All vaccines given should be recorded by your health care provider in the Vermont Immunization Registry regardless of where your child was vaccinated. It is helpful to keep a copy of your child's immunization record.

If you cannot provide a complete vaccination record, your child may be enrolled for now (provisionally). You will then have 60 days to fully vaccinate your child. With your permission, your child care provider may check the confidential online Immunization Registry to determine if your child is up-to-date.

### **When will I have to give records to my child care provider?**

You will have to give immunization records at enrollment and when your child care provider requests it, usually in the fall. Vermont law requires that child care providers submit a yearly report to the Health Department on the immunization status of enrolled children.

### **What if my child cannot be vaccinated?**

If your child cannot be vaccinated due to medical reasons, have your health care provider complete a medical exemption form and give it to your child care provider. If you have religious or philosophical reasons, then you may file an exemption form with your child care provider in place of the immunization record. Be aware that children with exemptions may not be allowed to attend child care during a disease outbreak.

### **Where can I get more information, forms and materials?**

- ➔ All forms are available on the Health Department's website: [healthvermont.gov](http://healthvermont.gov) —click on the A-Z listing and find Immunizations
- ➔ For other questions call your local Health Department office or contact the Immunization Program at 1-800-640-4374 or [immunizationprogram@ahs.state.vt.us](mailto:immunizationprogram@ahs.state.vt.us)

8.2011

# **A Parent's Guide to Immunizations Required for Child Care**



Immunization Program • 1-800-640-4374 • [healthvermont.gov](http://healthvermont.gov)







## Protect your child's health.

Vermont law now requires that all babies and children are vaccinated before entering a licensed or registered child care program. Infectious diseases such as measles, pertussis (whooping cough) and mumps can spread quickly among babies and children who haven't had their shots. That's why it is so important to vaccinate all children according to the recommended schedule.

## Vaccines are safe and effective.

Children who are fully vaccinated by age 2 are protected against 14 diseases. Vaccinated children, in turn, protect others around them. When too many people are not vaccinated, life-threatening diseases like whooping cough can spread throughout a community. Vaccines do not cause autism, and it is safer to get immunity from a vaccine than from having the disease.

**Is there a recommended schedule for children's vaccination?**  
Yes, the Centers for Disease Control and Prevention (CDC) develops a recommended vaccination schedule for children. It is important to follow this standard schedule for the best protection from diseases. Delaying vaccinations or following a different schedule is not safe because it puts children and people around them at unnecessary risk of disease. You can find the current schedule on the Health Department's website. Ask your health care provider to help you keep track of your child's vaccinations.



## Which immunizations are required for entry into child care?

Age when enrolling:	Immunizations required:
<b>2 – 3 months</b>	1 each of DTaP, Hep B, Polio, Hib, PCV
<b>4 – 5 months</b>	2 each of DTaP, Hep B, Polio, Hib, PCV
<b>6 – 14 months</b>	3 each of DTaP, Hep B, Polio, Hib, PCV
<b>15 – 17 months</b>	3 each of DTaP, Hep B, Polio 1 each MMR, Varicella 1–4 doses each of Hib and PCV
<b>18 months – 4 years</b>	3 polio, 3 Hep B, 4 DTaP 1 each of MMR, Varicella 1–4 doses each of Hib and PCV

DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • Polio • Hib: haemophilus influenzae b  
• Varicella: chickenpox • MMR: measles, mumps, rubella • PCV: pneumococcal

\* Hepatitis A, rotavirus, and influenza vaccines are also strongly recommended, but not required.

## What if I can't afford to vaccinate my child?

In Vermont, the Health Department provides all recommended childhood vaccines to health care providers, free of charge. Providers may charge a small fee to administer.

Dr. Dynasaur provides low-cost or free health insurance for children. Even children who are already covered by other insurance may qualify for extra benefits from Dr. Dynasaur. For more information call Health Access Member Services for Green Mountain Care at 1-800-250-8427.





## **Forms for Record Keeping**

- Child Care Immunization Record
- Child Care Immunization Exemption Form
- Child Care Notice of Incomplete Immunizations
- Documentation of Varicella Disease (chicken pox) for Child Care
- Child Care Exclusion Notice for Incomplete Immunizations
- Provisional and Exempt Children Spreadsheet



# Child Care Immunization Record

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at Enrollment: \_\_\_\_\_

**Immunizations:** enter date given or attach copy of shot record and place a check mark (✓) in the box for doses given.

Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Exemptions ✓ to specify type ✓ when exemption form is completed
Hep B					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
DTaP					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Hib					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
PCV					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Polio					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
MMR					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Varicella or Date of Disease					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed

Age When Enrolling:	Immunizations (shots) Required:
2 – 3 months	1 each of DTaP, Hep B, polio, Hib, PCV
4 – 5 months	2 each of DTaP, Hep B, polio, Hib, PCV
6 - 14 months	3 each of DTaP, Hep B, polio, Hib, PCV
15 -17 months	3 each of DTaP, Hep B, polio 1 each of MMR, varicella 1-4 doses of Hib and PCV
18 months – 4 years	3 Polio, 3 Hep B, 4 DTaP 1 MMR, varicella 1-4 doses of Hib and PCV

## Information About Shots:

**DTaP** = Diphtheria, Tetanus, and Pertussis

**Hep B** = Hepatitis B vaccine, also written as HBV

**Polio** = Inactivated Poliovirus

**Hib** = Haemophilus influenzae type B

**PCV** = Pneumococcal

**MMR** = Measles, Mumps, Rubella

**Varicella** = Chickenpox

02/2011

# CHILD CARE IMMUNIZATION EXEMPTION FORM



Vermont Child Care Licensing Regulations apply to any child in attendance at a licensed or registered childcare program. Before entry into childcare, children must have a record of their immunizations on file, unless exempt for medical, religious, or moral (philosophic) reasons. In order to claim an exemption this form needs to be completed, signed and returned to your childcare provider.

Please note that children with an immunization exemption may be excluded from childcare during the course of a disease outbreak. This is because unimmunized children are at higher risk for getting that disease and in-turn transmitting it to other children. The length of time your child is out of childcare will vary depending on the type of disease and the circumstances surrounding the outbreak. This may be from as little as several days to over a month.

<b>This document is being submitted on behalf of the following child:</b>	
<b>Name:</b>	<b>Date of Birth:</b>
_____ Last	_____ First
_____/_____/_____ Date of Birth	
<b>MEDICAL EXEMPTION</b>	
The following vaccine(s) are medically contraindicated:	
<b>Hepatitis B</b>	<b>DTaP</b>
<b>HIB</b>	<b>Pneumococcal</b>
<b>Polio</b>	
<b>Measles</b>	<b>Mumps</b>
<b>Rubella</b>	<b>Varicella (chickenpox)</b>
Reason for exemption(s): _____	
This exemption shall continue until : ____/____/_____ _____	
_____ Print Name of Physician	(_____) _____ Telephone
_____ Signature of Physician	_____/_____/_____ Date
<b>MORAL (PHILOSOPHIC) EXEMPTION</b>	<b>RELIGIOUS EXEMPTION</b>
I request that following immunization(s) be waived because they conflict with free exercise of religious rights and /or moral (philosophic) rights:	
<b>Hepatitis B</b>	<b>DTaP</b>
<b>HIB</b>	<b>Pneumococcal</b>
<b>Polio</b>	
<b>Measles</b>	<b>Mumps</b>
<b>Rubella</b>	<b>Varicella (chickenpox)</b>
_____ Signature of Parent	(_____) _____ Telephone
	_____/_____/_____ Date

# CHILD CARE NOTICE OF INCOMPLETE IMMUNIZATIONS



Child's Name: \_\_\_\_\_

Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (18 V.S.A. § 1123). We have admitted your child for a period of time that shall not exceed 60 days from enrollment date. Please obtain complete dates for the indicated immunizations and provide a record to us by \_\_\_\_/\_\_\_\_/\_\_\_\_.

Circle the vaccine and the number of doses (if available) that the child needs to receive in order to meet the immunization requirements.

Vaccine Type	Dose/Doses Needed			
<b>Hepatitis B</b> (HBV or Hep B )	1	2	3	
<b>DTaP</b> (Diphtheria, Tetanus, and Pertussis)	1	2	3	4
<b>HIB</b> (Haemophilus Influenzae Type B)	1	2	3	4
<b>PCV</b> (Pneumococcal)	1	2	3	4
<b>Polio</b> (OPV or IPV)	1	2	3	
<b>MMR</b> (Measles, Mumps, and Rubella)		1		
<b>Varicella</b> (Chicken Pox)	1 or history of disease			

☐ **There is no record of any immunizations on file at the childcare for the student named above.  
Please submit an immunization record, exemption form, or provisional admittance request immediately!**

## Provisional Admittance Request:

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

The above child is in the process of complying with all the immunization requirements.  
All requirements should be met by \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Print Name of Health Care Provider

\_\_\_\_\_  
Signature of Health Care Provider

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: \_\_\_\_\_

01/2011

## *Documentation of Varicella (Chickenpox) Disease for Child Care*

According to the Immunization Rules and Regulations, children at any child care facility who are older than 12 months of age must have received one dose of Varicella (chickenpox) vaccine. However, children who have had the disease can enroll provided this form is completed and returned to the child care facility. This form does not need to be signed by a health care provider.

This document is being submitted on behalf of:

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

I \_\_\_\_\_ verify that the above listed child had Varicella  
(chickenpox) disease in \_\_\_\_/\_\_\_\_.  
Month Year

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to your child care facility.**

# CHILD CARE EXCLUSION NOTICE FOR INCOMPLETE IMMUNIZATIONS



Child's Name: \_\_\_\_\_

Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (18 V.S.A. § 1123). Please obtain complete dates for the indicated immunizations and provide a record to us by \_\_\_\_/\_\_\_\_/\_\_\_\_ or your child will be **excluded** from attending childcare after that date.

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law required that children must be appropriately immunized in order to attend a Vermont child care. Our facility supports this policy. If you have questions or need additional information regarding vaccinations you may contact your health care provider or Vermont Department of Health Immunization program.

Vaccine Type	Dose/Doses Needed			
<b>Hepatitis B</b> (HBV or Hep B )	1	2	3	
<b>DTaP</b> (Diphtheria, Tetanus, and Pertussis)	1	2	3	4
<b>HIB</b> (Haemophilus Influenzae Type B)	1	2	3	4
<b>PCV</b> (Pneumococcal)	1	2	3	4
<b>Polio</b>	1	2	3	
<b>MMR</b> (Measles, Mumps, and Rubella)	1			
<b>Varicella</b> (Chicken Pox)	1 or history of disease			

Sincerely,

\_\_\_\_\_  
Signature

01/2011



# LINE LIST OF PROVISIONAL AND EXEMPT CHILDREN



YEAR: \_\_\_\_\_

Child's Name	Date of Birth	Enrollment Date	Missing Vaccine							Signed Exemption			Provisional Admittance	NOTES
			DTaP	Polio	MMR	Hepatitis B	Varicella	PCV	HIB	Medical	Religious	Philosophical		
John Smith	1/5/2005						1						1	Notice mailed 10/1/10, tele call 10/15/10
Ashley Jones	2/9/2006		1	1	1		1					1		
<b>totals</b>			1	1	1	0	2	0	0	0	0	1	1	

## Instructions:

- Only list children missing vaccines
- Delete children from the list when vaccine doses received
- Children with exemptions should remain on the list
- Indicate missing vaccine with a "1" in order to have totals for the Annual Immunization Status Report